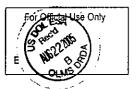
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13 624	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name GEORGE BRIER	Name TEAMSTERS LOCAL UNION 677
	Labor Organization File Number 034-410
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1871 BALDWIN STREET	Street 1871 BALDWIN STREET
City WATERBURY	City WATERBURY
State Connecticut ZIP Code + 4 06706	State Connecticut ZIP Code + 4 06706
5. Position in labor organization. PRESIDENT	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	usions set forth in the instructions):  derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, of Income.
Name [	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sigr	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed Lay Brue	On 8 12/05 860 274 4414  Telephone Number
Form I M-30 (2003)	.,,-

Name of Person Filing GEORGE BRIER		ile Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS PL	( <del>-</del>					
Trade Name, if any:	i a. Labor Organizatio	on				
P.O. Box, Bldg., Room No., if any	c. Employer					
Street 1871 BALDWIN STREET	<b></b>					
City WATERBURY						
State Connecticut ZIP Code + 4 [06706						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	J.				
Name	PROVIDE HEALTH & WELLOCAL UNION MEMBERS		FOR TEAMSTERS .			
Trade Name, if any:			,			
P.O. Box, Bldg., Room No., if any						
Street						
City	11.b. Approximate dollar value	<del></del>				
Oity	12.a. Nature of interest held REIMBURSEMENTS OF E		TAY CONNECTION			
State ZIP Code + 4	WITH ATTENDING HEAD HELD BY TRI-STATE J HOTEL ROOM AND TAX	TH SERVICES FUNI OINT FUND 06/01,	CLERKS MEETING //2004-06/04/2004.			
•.	12.b. Amount.		\$594			
	12.b. Amount.					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:		·				
P.O. Box, Bldg., Room No., if any			<b>!</b>			
Street						
City						
State : ZIP Code + 4						
property processing	14.b. Amount of payment.	Y				
13.b. Is the Business an Employer or Consultant?	• •					

D	File Number U-
Name of Person Filing GEORGE BRIER	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS PL	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	J. 1103.
Street 1871 BALDWIN STREET	c. Employer
City WATERBURY	
State Connecticut ZIP Code + 4 06706	
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name i	PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING BOARD OF TRUSTEES MEETING OF TRISTATE JOINT FUND 04/17/2004-04/24/2004. HOTEL ROOM AND TAX, TRAVEL AND INCIDENTAL EXPENSES.
	12.b. Amount. \$3,695

Name of	Person	Filing	GEORGE	BRIFR
Hairie Of	1 613011	1 110119	GEORGE:	HK FR

File Number U-

## Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS. PL	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1871 BALDWIN STREET	c. Employer	
City WATERBURY		
State Connecticut ZIP Code + 4 06706		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDE HEALTH & WELFARE BENEFITS LOCAL UNION MEMBERS.	FOR TEAMSTERS :
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		!
Street		· .
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	,
	12.a. Nature of interest held or income received.	
	REIMBURSEMENT OF EXPENSES INCURRED WITH ATTENDING BOARD OF TRUSTEES M STATE JOINT FUND 09/26/2004-09/29/AND TAX AND INCIDENTAL EXPENSES.	EETING OF TRI-
		· .
	12.b. Amount.	\$1,246

Name of Person Filing GEORGE BRIER	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS.PL.	a. Labor Organization	
Trade Name, if any:	Em.N	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1871 BALDWIN STREET	c. Employer	
City WATERBURY		
State Connecticut ZIP Code + 4 06706		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDE HEALTH & WELFARE BENEFITS LOCAL UNION MEMBERS.	FOR TEAMSTERS
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	REIMBURSEMENT OF EXPENSES INCURRED WITH ATTENDING OF BOARD OF TRUSTER DURING THE MONTH OF MARCH 2004. HO AND INCIDENTIAL EXPENSES.	S MEETING HELD
	[ <del>.</del>	
	12.b. Amount.	\$429

Name	of	Person	Filing	GEORGE	BRIER
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File Number U-

## Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS.PL.	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1871 BALDWIN STREET	c. Employer
City WATERBURY	
State Connecticut ZIF Code + 4 06706	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
* <del></del>	
Street	
City	
State : ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH TRUSTEES MEETING HELD DURING THE MONTH OF MAY 2004. BUSINESS LUNCHEON CONFERENCE.
	2004. BUSINESS BUNGHEON CONFERENCE.
	12.b. Amount. \$46

Name of Person Filing GEORGE BRIER	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS.PL.	a. Labor Organization	
Trade Name, if any:	Const.	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1871 BALDWIN STREET	c. Employer	
City WATERBURY		
State Connecticut ZIF Code + 4 06706		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Namei	PROVIDE HEALTH & WELFARE BENEFITS F LOCAL UNION MEMBERS.	OR TEAMSTERS
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		,
Street		1
City		,
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
Language random page random company and a management of languagement and a languagement of languagement and a languagement of languagement and		
	12.a. Nature of interest held or income received.	TN CONNECEDION
	WITH TRUSTEES MEETING HELD DURING T	
	OCTOBER 2004. BUSINESS LUNCHEON COM	FERENCE.
• .		
		,
	12.b. Amount.	\$52

Name of Person Filing GEORGE BRIER		File Number U-	
		l .	

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS.PL.	a. Labor Organization  b. Trust  c. Employer		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 1871 BALDWIN STREET			
City WATERBURY			
State Connecticut ZIP Coce + 4 06706			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City		<u> </u>	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH SERVICES AS TRUSTEE DURING THE MONTH OF NOVEMBERS 2004. TIPS & TOLLS.		
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		•	
	11	į	
	12.b. Amount.	S13	

Name of Person Filing GEORGE	BRIER	File Number U-

<del></del>	T		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS.PL.	a. Labor Organization		
Trade Name, if any:	(23)		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1871 BALDWIN STREET	c. Employer		
City WATERBURY			
State Connecticut ZIP Code + 4 06706			
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		;	
Street		:	
City			
City		,	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION		
	WITH REGISTRATION FOR ANNUAL CONFERENCE OF THE		
	INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS PLAN.,		
	ADVANCE REGISTRATION FEE AND HOTEL	•	
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		44 040	
	12.b. Amount.	\$1,310	